

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Andrew W. Buffmire, et al.

Docket No.

182480-0002

Serial No.

09/932,870

Filing Date

August 17, 2001

Examiner

Lisa Hashem

Group Art Unit

2645

Invention: INTRINSIC GAVEMENT TRANSMITTER AND ANTENNA

I hereby certify that the following correspondence:

Transmittal Form; Fee Transmittal; PTO-2038, Credit Card Payment Form; Petition for Extension of Time (3 mos.); Amendment (8 pages); and Communication with Power of Attorney and Correspondence Address Indication Form.

(Identify type of correspondence)

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Michael Marshall

(Typed or Printed Name of Person Mailing Correspondence)



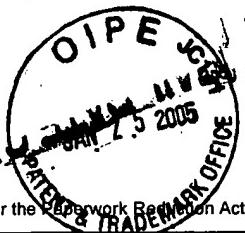
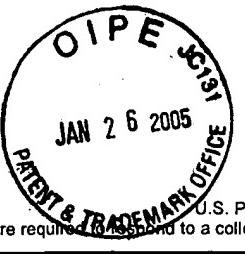
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EV 583575848 US

("Express Mail" Mailing Label Number)

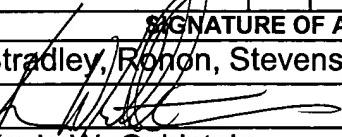
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **15**Application Number **09/932,870**Filing Date **August 17, 2001**First Named Inventor **Andrew W. Buffmire**Art Unit **2645**Examiner Name **Hashem, Lisa**Attorney Docket Number **182480-0002**

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Communication with Power of Attorney and Correspondence Address Indication Form <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing by EXP Return Receipt Postcard
<input type="checkbox"/> Remarks		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm Name	Stradley, Ronon, Stevens & Young, LLP	
Signature		
Printed name	Kevin W. Goldstein	
Date	January 26, 2005	Reg. No. 34,608

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

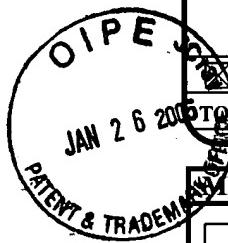
Signature	
Typed or printed name	Michael Marshall
Date	01/26/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		Complete if Known	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application	09/932,870
FEE TRANSMITTAL For FY 2005		Filing Date	August 17, 2001
		First Named Inventor	Andrew W. Buffmire
		Examiner Name	Hashem, Lisa
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2645
TOTAL AMOUNT OF PAYMENT (\$475.00)		Attorney Docket No.	182480-0002



METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 502951 Deposit Account Name: Stradley Ronon Stevens & Young, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee
 Credit any overpayments

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and/or authorization on PTO-2928.

FFF CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2 EXCESS CLAIM FEES

Fee Description

Fee Description Each claim over 20 (including Reissues)

Small Entity

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)**

- 20 or HP = x =

Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20.

3 APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x =

4 OTHER FEE(S)

OTHER FEE(S) Non-English Specifications \$130 fee (no small entity discount)

Other (e.g. late filing surcharge): Petition for Extension of Time (3 months)

Fee Paid (\$)

SUBMITTED BY			
Signature		Registration No. 34,608 (Attorney/Agent)	Telephone: 610-640-5810
Name (Print/Type)	Kevin W. Goldstein		
	Date: 01/26/2005		